

SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>my</i>		5/20/99
O.I.P.E. CLASSIFIER		5-71622	9-3-99
FORMALITY REVIEW		71622	9-14-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/17/01
2	✓	✓	5/1/02
3	✓	✓	1/8/03
4	✓	✓	7/2/03
5	✓	✓	11/5/03
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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43	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	1/8/03
52	✓	✓	4/3/03
53	✓	✓	7/2/03
54	✓	✓	
55	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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